

110TH CONGRESS
2D SESSION

H. R. 6594

To amend the Public Health Service Act to extend and improve protections and services to individuals directly impacted by the terrorist attack in New York City on September 11, 2001, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 24, 2008

Mrs. MALONEY of New York (for herself, Mr. NADLER, Mr. FOSSELLA, Mr. KING of New York, Mr. RANGEL, Mr. ENGEL, Mr. TOWNS, and Mr. WEINER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary and the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act to extend and improve protections and services to individuals directly impacted by the terrorist attack in New York City on September 11, 2001, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “James Zadroga 9/11 Health and Compensation Act of
6 2008”.

1 (b) TABLE OF CONTENTS.—The table of contents of
 2 this Act is as follows:

- Sec. 1. Short title; table of contents.
 Sec. 2. Findings.
 Sec. 3. Emergency funding.

TITLE I—WORLD TRADE CENTER HEALTH PROGRAM

- Sec. 101. World Trade Center Health Program.

“TITLE XXX—WORLD TRADE CENTER HEALTH PROGRAM

“Subtitle A—Establishment of Program; Advisory and Steering Committees

- “Sec. 3001. Establishment of World Trade Center Health Program within NIOSH.
 “Sec. 3002. WTC Health Program Scientific/Technical Advisory Committee.
 “Sec. 3003. WTC Health Program Steering Committees.
 “Sec. 3004. Community education and outreach.
 “Sec. 3005. Uniform data collection.
 “Sec. 3006. Centers of excellence.
 “Sec. 3007. Programs regarding attack at Pentagon.
 “Sec. 3008. Entitlement authorities.
 “Sec. 3009. Definitions.

“Subtitle B—Program of Monitoring and Treatment

“PART 1—FOR WTC RESPONDERS

- “Sec. 3011. Identification of eligible WTC responders and provision of WTC-related monitoring services.
 “Sec. 3012. Treatment of eligible WTC responders for WTC-related health conditions.

“PART 2—COMMUNITY PROGRAM

- “Sec. 3021. Identification of eligible WTC residents and other non-responders and provision of WTC-related monitoring services.
 “Sec. 3022. Treatment of eligible WTC residents and other non-responders for WTC-related health conditions.
 “Sec. 3023. Treatment of other individuals with WTC-related health conditions.

“PART 3—NATIONAL ARRANGEMENT FOR BENEFITS FOR ELIGIBLE INDIVIDUALS OUTSIDE NEW YORK

- “Sec. 3031. National arrangement for benefits for eligible individuals outside New York.

“Subtitle C—Research Into Conditions

- “Sec. 3041. Research regarding certain health conditions related to September 11 terrorist attacks in New York City.

“Subtitle D—Programs of the New York City Department of Health and
Mental Hygiene

“Sec. 3051. World Trade Center Health Registry.

“Sec. 3052. Mental health services.

TITLE II—SEPTEMBER 11 VICTIM COMPENSATION FUND OF 2001

Sec. 201. Deadline extension for certain claims under September 11 Victim
Compensation Fund of 2001.

Sec. 202. Exception to single claim requirement in certain circumstances.

Sec. 203. Immediate aftermath defined.

Sec. 204. Eligible individuals to include eligible WTC responders and eligible
WTC residents and other non-responders.

Sec. 205. Limited coverage for additional individuals.

Sec. 206. World Trade Center collapse and disaster rescue, recovery, debris re-
moval, cleanup, remediation, and response indemnification.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Thousands of rescue workers who responded
4 to the areas devastated by the terrorist attacks of
5 September 11, local residents, office and area work-
6 ers, and school children continue to suffer significant
7 medical problems as a result of compromised air
8 quality and the release of other toxins from the at-
9 tack sites.

10 (2) In a September 2006 peer-reviewed study
11 conducted by the World Trade Center Medical Moni-
12 toring Program, of 9,500 World Trade Center re-
13 sponders, almost 70 percent of World Trade Center
14 responders had a new or worsened respiratory symp-
15 tom that developed during or after their time work-
16 ing at the World Trade Center; among the respon-
17 ders who were asymptomatic before 9/11, 61 percent
18 developed respiratory symptoms while working at the

1 World Trade Center; close to 60 percent still had a
2 new or worsened respiratory symptom at the time of
3 their examination; one-third had abnormal pul-
4 monary function tests; and severe respiratory condi-
5 tions including pneumonia were significantly more
6 common in the 6 months after 9/11 than in the
7 prior 6 months.

8 (3) An April 2006 study documented that, on
9 average, a New York City firefighter who responded
10 to the World Trade Center has experienced a loss of
11 12 years of lung capacity.

12 (4) A peer-reviewed study of residents who lived
13 near the World Trade Center titled “The World
14 Trade Center Residents’ Respiratory Health Study:
15 New Onset Respiratory Symptoms and Pulmonary
16 Function”, found that data demonstrated a three
17 fold increase in new-onset, persistent lower res-
18 piratory symptoms in residents near the former
19 World Trade Center as compared to a control popu-
20 lation.

21 (5) Previous research on the health impacts of
22 the devastation caused by the September 11 terrorist
23 attacks has shown relationships between the air
24 quality from Ground Zero and a host of health im-
25 pacts, including lower pregnancy rates, higher rates

1 of respiratory and lung disorders, and a variety of
2 post-disaster mental health conditions (including
3 posttraumatic stress disorder) in workers and resi-
4 dents near Ground Zero.

5 (6) A variety of tests conducted by independent
6 scientists have concluded that significant WTC con-
7 tamination settled in indoor environments sur-
8 rounding the disaster site. The Environmental Pro-
9 tection Agency's (EPA) cleanup programs for indoor
10 residential spaces, in 2003 and 2005, though lim-
11 ited, are an acknowledgement that indoor contami-
12 nation continued after the WTC attacks.

13 (7) The United States Geological Survey
14 (USGS) reported on November 27, 2001 that cer-
15 tain outdoor dust samples collected by the agency in
16 September 2001 at Varick and Houston Streets (ap-
17 proximately 1.2 miles north of Ground Zero) reg-
18 istered higher than 11 on the pH scale, a level the
19 USGS characterized as being "as caustic as liquid
20 drain cleaners".

21 (8) According to both the EPA's own Inspector
22 General's (EPA IG) report of August 21, 2003 and
23 General Accountability Offices's (GAO) report of
24 September 2007, no comprehensive program has
25 ever been conducted in order to characterize the full

1 extent of WTC contamination, and therefore the full
2 impact of that contamination—geographic or other-
3 wise—remains unknown.

4 (9) Such reports found that there has never
5 been a comprehensive program to remediate WTC
6 toxins from indoor spaces. Thus, area residents,
7 workers and students may continued to be exposed
8 to WTC contamination in their homes, workplaces
9 and schools.

10 (10) Because of the failure to release federally
11 appropriated funds for community care, a lack of
12 sufficient outreach, the fact that many community
13 members are receiving care from physicians outside
14 the current City-funded World Trade Center Envi-
15 ronmental Health Center program and thus fall out-
16 side data collection efforts, and other factors, the
17 number of community members being treated at the
18 World Trade Center Environmental Health Center
19 underrepresents the total number in the community
20 that have been affected by exposure to Ground Zero
21 toxins.

22 (11) Research by Columbia University’s Center
23 for Children’s Environmental Health has shown neg-
24 ative health effects on babies born to women living

1 within 2 miles of the World Trade Center in the
2 month following 9/11.

3 (12) Federal funding allocated for the moni-
4 toring of rescue workers' health is not sufficient to
5 ensure the long-term study of health impacts of Sep-
6 tember 11.

7 (13) A significant portion of those who have de-
8 veloped health problems as result of exposures to
9 airborne toxins or other hazards resulting from the
10 September 11, 2001, attacks on the World Trade
11 Center have no health insurance, have lost their
12 health insurance as a result of the attacks, or have
13 inadequate health insurance.

14 (14) The Federal program to provide medical
15 treatments to those who responded to the September
16 11 aftermath, and who continue to experience health
17 problems as a result, was finally established more
18 than five years after the attacks, but has no certain
19 long-term funding.

20 (15) Rescue workers and volunteers seeking
21 workers compensation have reported that their appli-
22 cations have been denied, delayed for months, or re-
23 directed, instead of receiving assistance in a timely
24 and supportive manner.

1 (16) A February 2007 report released by the
2 City of New York estimated that approximately
3 410,000 people were the most heavily exposed to the
4 environmental hazards and trauma of the September
5 11 terrorist attacks. More than 30 percent of the
6 Fire Department of the City of New York first re-
7 sponders were still experiencing some respiratory
8 symptoms more than five years after the attacks and
9 according to the report, 59 percent of those seen by
10 the WTC Environmental Health Center at Bellevue
11 Hospital (which serves non-responders) are without
12 insurance and 65 percent have incomes less than
13 \$15,000 per year. The report also found a need to
14 continue and expand mental health services.

15 (17) Since the 5th anniversary of the attack
16 (September 11, 2006), hundreds of workers a month
17 have been signing up with the monitoring and treat-
18 ment programs.

19 (18) In April 2008, the Department of Health
20 and Human Services reported to Congress that in
21 fiscal year 2007 11,359 patients received medical
22 treatment in the existing WTC Responder Medical
23 and Treatment program for WTC-related health
24 problems, and that number of responders who need

1 treatment and the severity of health problems is ex-
2 pected to increase.

3 (19) The September 11 Victim Compensation
4 Fund of 2001 was established to provide compensa-
5 tion to individuals who were physically injured or
6 killed as a result of the terrorist-related aircraft
7 crashes of September 11, 2001.

8 (20) The deadline for filing claims for com-
9 pensation under the Victim Compensation Fund was
10 December 22, 2003.

11 (21) Some individuals did not know they were
12 eligible to file claims for compensation for injuries or
13 did not know they had suffered physical harm as a
14 result of the terrorist-related aircraft crashes until
15 after the December 22, 2003, deadline.

16 (22) Further research is needed to evaluate
17 more comprehensively the extent of the health im-
18 pacts of September 11, including research for
19 emerging health problems such as cancer, which
20 have been predicted.

21 (23) Research is needed regarding possible
22 treatment for the illnesses and injuries of September
23 11.

24 (24) The Federal response to medical and fi-
25 nancial issues arising from the September 11 re-

1 sponse efforts needs a comprehensive, coordinated
2 long-term response in order to meet the needs of all
3 the individuals who were exposed to the toxins of
4 Ground Zero and are suffering health problems from
5 the disaster.

6 (25) The failure to extend the appointment of
7 Dr. John Howard as Director of the National Insti-
8 tute for Occupational Safety and Health in July
9 2008 is not in the interests of the administration of
10 such Institute nor the continued operation of the
11 World Trade Center Medical Monitoring and Treat-
12 ment Program which he has headed, and the Sec-
13 retary of Health and Human Services should recon-
14 sider extending such appointment.

15 **SEC. 3. EMERGENCY FUNDING.**

16 Amounts appropriated pursuant to this Act (other
17 than amounts appropriated for the WTC Health Program
18 Steering Committees or for the WTC Health Program Sci-
19 entific/Technical Advisory Committee) are designated as
20 emergency requirements and necessary to meet emergency
21 needs pursuant to section 204(a) of S. Con. Res. 21
22 (110th Congress) and section 301(b)(2) of S. Con. Res.
23 70 (110th Congress), the concurrent resolutions on the
24 budget for fiscal years 2008 and 2009.

1 **TITLE I—WORLD TRADE CENTER**
2 **HEALTH PROGRAM**

3 **SEC. 101. WORLD TRADE CENTER HEALTH PROGRAM.**

4 The Public Health Service Act is amended by adding
5 at the end the following new title:

6 **“TITLE XXX—WORLD TRADE**
7 **CENTER HEALTH PROGRAM**

8 **“Subtitle A—Establishment of Pro-**
9 **gram; Advisory and Steering**
10 **Committees**

11 **“SEC. 3001. ESTABLISHMENT OF WORLD TRADE CENTER**
12 **HEALTH PROGRAM WITHIN NIOSH.**

13 “(a) IN GENERAL.—There is hereby established with-
14 in the National Institute for Occupational Safety and
15 Health a program to be known as the ‘World Trade Center
16 Health Program’ (in this title referred to as the ‘WTC
17 program’) to provide medical monitoring and treatment
18 benefits—

19 “(1) to eligible emergency responders and re-
20 covery and clean-up workers (including those who
21 are Federal employees) who responded to the Sep-
22 tember 11, 2001, terrorist attacks on the World
23 Trade Center; and

24 “(2) to residents and other building occupants
25 and area workers in New York City who were di-

1 rectly impacted and adversely affected by such at-
2 tacks.

3 “(b) COMPONENTS OF PROGRAM.—The WTC pro-
4 gram includes the following components:

5 “(1) MEDICAL MONITORING.—Medical moni-
6 toring under sections 3011 and 3021, including
7 screening, clinical examinations, and long-term
8 health monitoring and analysis for individuals who
9 were likely to have been exposed to airborne toxins
10 that were released, or to other hazards, as a result
11 of the September 11, 2001, terrorist attacks on the
12 World Trade Center.

13 “(2) TREATMENT FOR WTC-RELATED CONDI-
14 TIONS.—Provision under sections 3012, 3022, and
15 3023 of treatment and payment, subject to the pro-
16 visions of subsection (d), for all medically necessary
17 health and mental health care expenses (including
18 necessary prescription drugs) of individuals with a
19 WTC-related health condition.

20 “(3) OUTREACH.—Establishment under section
21 3004 of an outreach program to potentially eligible
22 individuals concerning the benefits under this title.

23 “(4) UNIFORM DATA COLLECTION.—Collection
24 under section 3005 of health and mental health data

1 on individuals receiving monitoring or treatment
2 benefits, using a uniform system of data collection.

3 “(5) RESEARCH ON WTC CONDITIONS.—Estab-
4 lishment under subtitle C of a research program on
5 health conditions resulting from the September 11,
6 2001, terrorist attacks on the World Trade Center.

7 “(c) NO COST-SHARING.—Monitoring and treatment
8 benefits are provided under subtitle B without any
9 deductibles, copayments, or other cost-sharing to an eligi-
10 ble WTC responder or any eligible WTC resident or other
11 non-responder.

12 “(d) PAYOR.—

13 “(1) IN GENERAL.—Except as provided in para-
14 graphs (2) and (3), the cost of monitoring and treat-
15 ment benefits provided under subtitle B shall be
16 paid for by the WTC program.

17 “(2) WORKERS’ COMPENSATION PAYMENT.—
18 Payment for treatment under subtitle B of a WTC-
19 related condition in an individual that is work-re-
20 lated shall be reduced or recouped to the extent that
21 a payment is made under a workers’ compensation
22 law or plan of the United States or a State for such
23 treatment.

24 “(3) HEALTH INSURANCE COVERAGE.—

1 “(A) IN GENERAL.—If an individual has a
2 WTC-related condition that is not work-related
3 and has health coverage for such condition
4 through any public or private health plan, the
5 WTC program shall be secondary payor with
6 respect to the payment for items and services
7 for such condition to the extent such items and
8 services are covered under such plan and such
9 plan has an arrangement with the health care
10 provider or facility allowing such payment.

11 “(B) BILLING HEALTH PLAN.—In the case
12 described in subparagraph (A), the Clinical
13 Center of Excellence providing the items or
14 services involved shall bill the public or private
15 health plan for such items or services. The
16 health plan shall be responsible for payment for
17 such items or services to the extent that the
18 health plan has or had a responsibility under
19 the terms of coverage of that health plan to
20 make such payment with respect to such items
21 or services. If the health plan refuses to make
22 such payment to such Clinical Center, the WTC
23 Program Administrator shall seek to recover
24 such payment with respect to the item or serv-
25 ice involved to the extent it is demonstrated

1 that the health plan has or had a responsibility
2 to make payment with respect to such item or
3 service.

4 “(C) REMAINING COSTS UNDER TITLE.—
5 Any costs for such covered items and services
6 that are not reimbursed by such health plan,
7 due to the application of deductibles, copay-
8 ments, coinsurance, other cost-sharing, or oth-
9 erwise, are reimbursable under this title to the
10 extent that they are covered under the WTC
11 program.

12 “(4) WORK-RELATED DESCRIBED.—For the
13 purposes of this subsection, a WTC-related condition
14 diagnosed in an eligible WTC responder, or in an in-
15 dividual who qualifies as an eligible WTC resident or
16 other non-responder on the basis of being a rescue,
17 recovery, clean-up worker, or area worker, shall be
18 treated as a condition that is work-related.

19 “(e) QUALITY ASSURANCE AND MONITORING OF
20 CLINICAL EXPENDITURES.—

21 “(1) QUALITY ASSURANCE.—The WTC Pro-
22 gram Administrator working with the Clinical Cen-
23 ters of Excellence shall develop and implement a
24 quality assurance program for the medical moni-
25 toring and treatment delivered by such Centers of

1 Excellence and any other participating health care
2 providers.

3 “(2) FRAUD PREVENTION.—The WTC Program
4 Administrator shall develop and implement a pro-
5 gram to review the program’s health care expendi-
6 tures to detect fraudulent or duplicate billing and
7 payment for inappropriate services. Such program
8 shall be similar to current methods used in connec-
9 tion with the Medicare program under title XVIII of
10 the Social Security Act. This title is a Federal
11 health care program (as defined in section 1128B(f)
12 of such Act) and is a health plan (as defined in sec-
13 tion 1128C(e) of such Act) for purposes of applying
14 sections 1128 through 1128E of such Act.

15 “(f) WTC PROGRAM ADMINISTRATION.—The WTC
16 program shall be administered by the Director of the Na-
17 tional Institute for Occupational Safety and Health, or a
18 designee of such Director.

19 “(g) ANNUAL PROGRAM REPORT.—

20 “(1) IN GENERAL.—Not later than 6 months
21 after the end of each fiscal year in which the WTC
22 program is in operation, the WTC Program Admin-
23 istrator shall submit an annual report to the Con-
24 gress on the operations of this title for such fiscal

1 year and for the entire period of operation of the
2 program.

3 “(2) CONTENTS OF REPORT.—Each annual re-
4 port under paragraph (1) shall include the following:

5 “(A) ELIGIBLE INDIVIDUALS.—Informa-
6 tion for each clinical program described in para-
7 graph (3)—

8 “(i) on the number of individuals who
9 applied for certification under subtitle B
10 and the number of such individuals who
11 were so certified;

12 “(ii) of the individuals who were cer-
13 tified, on the number who received medical
14 monitoring under the program and the
15 number of such individuals who received
16 medical treatment under the program;

17 “(iii) with respect to individuals so
18 certified who received such treatment, on
19 the WTC-related health conditions for
20 which they were treated; and

21 “(iv) on the projected number of indi-
22 viduals who will be certified under subtitle
23 B in the succeeding fiscal year.

1 “(B) MONITORING AND TREATMENT
2 COSTS.—For each clinical program so de-
3 scribed—

4 “(i) information on the costs of moni-
5 toring and the costs of treatment and on
6 the estimated costs of such monitoring and
7 treatment in the succeeding fiscal year;
8 and

9 “(ii) an estimate of the cost of med-
10 ical treatment for WTC-related conditions
11 that have been paid for or reimbursed by
12 workers’ compensation, by public or private
13 health plans, or by the City of New York
14 under section 3012(e)(4).

15 “(C) ADMINISTRATIVE COSTS.—Informa-
16 tion on the cost of administering the program,
17 including costs of program support, data collec-
18 tion and analysis, and research conducted under
19 the program.

20 “(D) ADMINISTRATIVE EXPERIENCE.—In-
21 formation on the administrative performance of
22 the program, including—

23 “(i) the performance of the program
24 in providing timely evaluation of and treat-
25 ment to eligible individuals; and

1 “(ii) a list of the Clinical Centers of
2 Excellence and other providers that are
3 participating in the program.

4 “(E) SCIENTIFIC REPORTS.—A summary
5 of the findings of any new scientific reports or
6 studies on the health effects associated with
7 WTC center exposures.

8 “(F) ADVISORY COMMITTEE REC-
9 COMMENDATIONS.—A list of recommendations by
10 the WTC Scientific/Technical Advisory Com-
11 mittee on additional WTC program eligibility
12 criteria and on additional WTC-related health
13 conditions and the action of the WTC Program
14 Administrator concerning each such rec-
15 ommendation.

16 “(G) RESEARCH RESULTS.—The findings
17 research conducted under section 3041(a).

18 “(3) SEPARATE CLINICAL PROGRAMS DE-
19 SCRIBED.—In paragraph (2), each of the following
20 shall be treated as a separate clinical program of the
21 WTC program:

22 “(A) FDNY RESPONDERS.—The benefits
23 provided for eligible WTC responders described
24 in section 3006(b)(1)(A).

1 “(B) OTHER ELIGIBLE WTC RESPOND-
2 ERS.—The benefits provided for eligible WTC
3 responders not described in subparagraph (A).

4 “(C) ELIGIBLE WTC RESIDENTS AND
5 OTHER NON-RESPONDERS.—The benefits pro-
6 vided for eligible WTC residents and other non-
7 responders.

8 “(h) NOTIFICATION TO CONGRESS WHEN REACH 80
9 PERCENT OF ELIGIBILITY NUMERICAL LIMITS.—The
10 WTC Program Administrator shall promptly notify the
11 Congress—

12 “(1) when the number of certifications for eligi-
13 ble WTC responders subject to the limit established
14 under section 3011(a)(5) has reached 80 percent of
15 such limit; and

16 “(2) when the number of certifications for eligi-
17 ble WTC residents or other non-responders subject
18 to the limit established under section 3021(a)(5) has
19 reached 80 percent of such limit.

20 **“SEC. 3002. WTC HEALTH PROGRAM SCIENTIFIC/TECH-**
21 **NICAL ADVISORY COMMITTEE.**

22 “(a) ESTABLISHMENT.—The WTC Program Admin-
23 istrator shall establish an advisory committee to be known
24 as the WTC Health Program Scientific/Technical Advisory
25 Committee (in this section referred to as the ‘Advisory

1 Committee’) to review scientific and medical evidence and
2 to make recommendations to the Administrator on addi-
3 tional WTC program eligibility criteria and on additional
4 WTC-related health conditions.

5 “(b) COMPOSITION.—The WTC Program Adminis-
6 trator shall appoint the members of the Advisory Com-
7 mittee and shall include at least—

8 “(1) 4 occupational physicians, at least two of
9 whom have experience treating WTC rescue and re-
10 covery workers;

11 “(2) 2 environmental medicine or environmental
12 health specialists;

13 “(3) 2 representatives of eligible WTC respond-
14 ers;

15 “(4) 2 representatives of WTC residents and
16 other non-responders;

17 “(5) an industrial hygienist;

18 “(6) a toxicologist;

19 “(7) an epidemiologist; and

20 “(8) a mental health professional.

21 “(c) MEETINGS.—The Advisory Committee shall
22 meet at such frequency as may be required to carry out
23 its duties.

24 “(d) REPORTS.—The WTC Program Administrator
25 shall provide for publication of recommendations of the

1 Advisory Committee on the public website established for
2 the WTC program.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
4 purpose of carrying out this section, there are authorized
5 to be appropriated such sums as may be necessary, not
6 to exceed \$100,000, for each fiscal year beginning with
7 fiscal year 2009.

8 “(f) DURATION.—Notwithstanding any other provi-
9 sion of law, the Advisory Committee shall continue in op-
10 eration during the period in which the WTC program is
11 in operation.

12 “(g) APPLICATION OF FACCA.—Except as otherwise
13 specifically provided, the Advisory Committee shall be sub-
14 ject to the Federal Advisory Committee Act.

15 **“SEC. 3003. WTC HEALTH PROGRAM STEERING COMMIT-**
16 **TEES.**

17 “(a) ESTABLISHMENT.—The WTC Program Admin-
18 istrator shall establish two steering committees (each in
19 this section referred to as a ‘Steering Committee’) as fol-
20 lows:

21 “(1) WTC RESPONDERS STEERING COM-
22 MITTEE.—One steering committee, to be known as
23 the WTC Responders Steering Committee, for the
24 purpose of facilitating the coordination of medical

1 monitoring and treatment programs for the eligible
2 WTC responders under part 1 of subtitle B.

3 “(2) WTC COMMUNITY PROGRAM STEERING
4 COMMITTEE.—One steering committee, to be known
5 as the WTC Community Program Steering Com-
6 mittee, for the purpose of facilitating the coordina-
7 tion of medical monitoring and treatment programs
8 for eligible WTC residents and other non-responders
9 under part 2 of subtitle B.

10 “(b) MEMBERSHIP.—

11 “(1) INITIAL MEMBERSHIP OF WTC RESPOND-
12 ERS STEERING COMMITTEE.—The WTC Responders
13 Steering Committee shall initially be composed of
14 members of the WTC Monitoring and Treatment
15 Program Steering Committee (as in existence on the
16 day before the date of the enactment of this title).

17 “(2) INITIAL MEMBERSHIP OF WTC COMMUNITY
18 PROGRAM STEERING COMMITTEE.—

19 “(A) IN GENERAL.—The WTC Community
20 Program Steering Committee shall initially be
21 composed of the following:

22 “(i) The Medical Director of the WTC
23 Environmental Health Center.

24 “(ii) The Executive Director of the
25 WTC Environmental Health Center.

1 “(iii) Three physicians, one each rep-
2 resenting the three WTC Environmental
3 Health Center treatment sites of Bellevue
4 Hospital Center, Gouverneur Healthcare
5 Services, and Elmhurst Hospital Center.

6 “(iv) Three physicians or specialists,
7 including a pediatrician, an epidemiologist,
8 a psychiatrist or psychologist, with experi-
9 ence with non-responder WTC diseases.

10 “(v) One environmental/occupational
11 specialist with WTC experience.

12 “(vi) One social worker with experi-
13 ence treating non-responders at a WTC
14 Environmental Health Center treatment
15 site.

16 “(vii) 10 representatives of the af-
17 fected populations of residents, students,
18 area workers, and other non-responders.

19 Such Committee shall also include, as nonvoting
20 members, members of the WTC Environmental
21 Health Center Community Advisory Committee
22 (as in existence on the day before the date of
23 the enactment of this title) who are not other-
24 wise appointed under clause (vii).

25 “(B) APPOINTMENTS.—

1 “(i) NYC HEALTH AND HOSPITALS
2 CORPORATION.—The New York City
3 Health and Hospitals Corporation shall
4 nominate members for positions described
5 in clauses (iii) through (vi) of subpara-
6 graph (A).

7 “(ii) WTC EHC COMMUNITY ADVISORY
8 COMMITTEE.—The WTC Environmental
9 Health Center Community Advisory Com-
10 mittee as in existence on the date of the
11 enactment of this title shall nominate
12 members for positions described in sub-
13 paragraph (A)(vii).

14 “(iii) TIMING.—Nominations under
15 clauses (i) and (ii) shall be recommended
16 to the WTC Program Administrator not
17 later than 60 days after the date of the en-
18 actment of this title.

19 “(iv) APPOINTMENT.—The WTC Pro-
20 gram Administrator shall appoint members
21 of the WTC Community Program Steering
22 Committee not later than 90 days after the
23 date of the enactment of this title.

1 “(v) GENERAL REPRESENTATIVES.—

2 Of the members appointed under subpara-
3 graph (A)(vii)—

4 “(I) the representation shall re-
5 flect the broad and diverse WTC-af-
6 fected populations and constituencies
7 and the diversity of impacted neigh-
8 borhoods, including residents, hard-to-
9 reach populations, students, area
10 workers, school parents, community-
11 based organizations, Community
12 Boards, WTC Environmental Health
13 Center patients, labor unions, and
14 labor advocacy organizations; and

15 “(II) no one individual organiza-
16 tion can have more than one rep-
17 resentative.

18 “(3) ADDITIONAL APPOINTMENTS.—Each
19 Steering Committee may appoint additional mem-
20 bers to the Committee, subject to the approval of the
21 WTC Program Administrator.

22 “(4) VACANCIES.—A vacancy in a Steering
23 Committee shall be filled by the Steering Committee,
24 subject to the approval of the WTC Program Ad-
25 ministrator, so long as—

1 “(A) in the case of the WTC Responders
2 Steering Committee, the composition of the
3 Committee includes representatives of eligible
4 WTC responders and representatives of each
5 Clinical Center of Excellence and each Coordinating
6 Center of Excellence that serves eligible
7 WTC responders; or

8 “(B) in the case of the WTC Community
9 Program Steering Committee, the composition
10 of the Committee includes representatives in-
11 cludes representatives of eligible WTC residents
12 and other non-responders and representatives of
13 each Clinical Center of Excellence and each Co-
14 ordinating Center of Excellence that serves eli-
15 gible WTC residents and other non-responders.

16 “(5) CO-CHAIRS OF WTC COMMUNITY PROGRAM
17 STEERING COMMITTEE.—The WTC Community Pro-
18 gram Steering Committee shall have two Co-Chairs
19 as follows:

20 “(A) ENVIRONMENTAL HEALTH CLINIC CO-
21 CHAIR.—A WTC Environmental Health Clinic
22 Co-Chair who shall be chosen by the WTC En-
23 vironmental Health Center members on the
24 Steering Committee.

1 “(B) COMMUNITY/LABOR CO-CHAIR.—A
2 Community/Labor Co-Chair who shall be chosen
3 by the community and labor-based members of
4 the Steering Committee.

5 “(c) RELATION TO FACCA.—Each Steering Com-
6 mittee shall not be subject to the Federal Advisory Com-
7 mittee Act.

8 “(d) MEETINGS.—Each Steering Committee shall
9 meet at such frequency necessary to carry out its duties,
10 but not less than 4 times each calendar year and at least
11 two such meetings each year shall be a joint meeting with
12 the other Steering Committee for the purpose of exchang-
13 ing information regarding the WTC program.

14 “(e) DURATION.—Notwithstanding any other provi-
15 sion of law, each Steering Committee shall continue in op-
16 eration during the period in which the WTC program is
17 in operation.

18 **“SEC. 3004. COMMUNITY EDUCATION AND OUTREACH.**

19 “(a) IN GENERAL.—The WTC Program Adminis-
20 trator shall institute a program that provides education
21 and outreach on the existence and availability of services
22 under the WTC program. The outreach and education
23 program—

1 “(1) shall include the establishment of a public
2 website with information about the WTC program;
3 and

4 “(2) shall be conducted in a manner intended—
5 “(A) to reach all affected populations; and
6 “(B) to include materials for culturally and
7 linguistically diverse populations.

8 “(b) PARTNERSHIPS.—To the greatest extent pos-
9 sible, in carrying out this section, the WTC Program Ad-
10 ministrator shall enter into partnerships with local govern-
11 ments and organizations with experience performing out-
12 reach to the affected populations, including community
13 and labor-based organizations.

14 **“SEC. 3005. UNIFORM DATA COLLECTION.**

15 “(a) IN GENERAL.—The WTC Program Adminis-
16 trator shall provide for the uniform collection of data (and
17 analysis of data and regular reports to the Administrator)
18 on the utilization of monitoring and treatment benefits
19 provided to eligible WTC responders and eligible WTC
20 residents and other non-responders, the prevalence of
21 WTC-related health conditions, and the identification of
22 new WTC-related medical conditions. Such data shall be
23 collected for all individuals provided monitoring or treat-
24 ment benefits under subtitle B and regardless of their

1 place of residence or Clinical Center of Excellence through
2 which the benefits are provided.

3 “(b) COORDINATING THROUGH CENTERS OF EXCEL-
4 LENCE.—Each Clinical Center of Excellence shall, under
5 section 3006(d)(3), collect data described in subsection (a)
6 and report such data to the corresponding Coordinating
7 Center of Excellence for analysis by such Coordinating
8 Center of Excellence under section 3006(a)(2)(A).

9 “(c) PRIVACY.—The data collection and analysis
10 under this section shall be conducted in a manner that
11 protects the confidentiality of individually identifiable
12 health information consistent with applicable legal require-
13 ments.

14 **“SEC. 3006. CENTERS OF EXCELLENCE.**

15 “(a) IN GENERAL.—

16 “(1) CONTRACTS WITH CLINICAL CENTERS OF
17 EXCELLENCE.—The WTC Program Administrator
18 shall enter into contracts with Clinical Centers of
19 Excellence specified in subsection (b)(1)—

20 “(A) for the provision of monitoring and
21 treatment benefits under subtitle B;

22 “(B) for the provision of outreach activities
23 to individuals eligible for such monitoring and
24 treatment benefits and follow-up to individuals
25 who are enrolled in the program;

1 “(C) for the provision of counseling for
2 benefits under subtitle B, with respect to WTC-
3 related health conditions, for individuals eligible
4 for such benefits;

5 “(D) for the provision of counseling for
6 benefits for WTC-related health conditions that
7 may be available under Workers’ Compensation,
8 health insurance, disability insurance, or other
9 insurance plans or through public or private so-
10 cial service agencies and assisting eligible indi-
11 viduals in applying for such benefits;

12 “(E) for the provision of translational and
13 interpretive services as for program participants
14 who are not English language proficient; and

15 “(F) for the collection and reporting of
16 data in accordance with section 3005.

17 “(2) CONTRACTS WITH COORDINATING CEN-
18 TERS OF EXCELLENCE.—The WTC Program Ad-
19 ministrator shall enter into contracts with Coordi-
20 nating Centers of Excellence specified in subsection
21 (b)(2)—

22 “(A) for receiving, analyzing, and report-
23 ing to the WTC Program Administrator on
24 data, in accordance with section 3005, that has
25 been collected and reported to such Coordi-

1 nating Centers by the corresponding Clinical
2 Centers of Excellence under subsection (d)(3);

3 “(B) for the development of medical moni-
4 toring and treatment protocols, with respect to
5 WTC-related health conditions;

6 “(C) for coordinating the outreach activi-
7 ties conducted under paragraph (1)(B) by each
8 corresponding Clinical Center of Excellence;

9 “(D) for establishing criteria for the
10 credentialing of medical providers participating
11 in the nationwide network under section 3031;
12 and

13 “(E) for coordinating and administrating
14 the activities of the WTC Health Program
15 Steering Committees established under section
16 3003(a).

17 The medical providers under subparagraph (D) shall
18 be selected by the WTC Program Administrator on
19 the basis of their experience treating or diagnosing
20 the medical conditions included in the list of identi-
21 fied WTC-related conditions for responders and of
22 identified WTC-related conditions for residents and
23 other non-responders.

24 “(b) CENTERS OF EXCELLENCE DEFINED.—

1 “(1) CLINICAL CENTER OF EXCELLENCE.—In
2 this title, the term ‘Clinical Center of Excellence’
3 means the following:

4 “(A) FOR FDNY RESPONDERS IN NEW
5 YORK.—With respect to an eligible WTC re-
6 sponder who responded to the 9/11 attacks as
7 an employee of the Fire Department of the City
8 of New York and who resides in the New York
9 Metropolitan area, such Fire Department (or
10 such entity as has entered into a contract with
11 the Fire Department for monitoring or treat-
12 ment of such responders).

13 “(B) OTHER ELIGIBLE WTC RESPONDERS
14 IN NEW YORK.—With respect to other eligible
15 WTC responders who reside in the New York
16 Metropolitan area, the Mt. Sinai coordinated
17 consortium, Queens College, State University of
18 New York at Stony Brook, University of Medi-
19 cine and Dentistry of New Jersey, and Bellevue
20 Hospital.

21 “(C) WTC RESIDENTS AND OTHER NON-
22 RESPONDERS IN NEW YORK.—With respect to
23 eligible WTC residents and other non-respond-
24 ers who reside in the New York Metropolitan
25 area, the World Trade Center Environmental

1 Health Center at Bellevue Hospital and such
2 hospitals or other facilities, including but not
3 limited to those within the New York City
4 Health and Hospitals Corporation, as are iden-
5 tified by the WTC Program Administrator.

6 “(D) ALL ELIGIBLE WTC RESPONDERS
7 AND ELIGIBLE WTC RESIDENTS AND OTHER
8 NON-RESPONDERS.—With respect to all eligible
9 WTC responders and eligible WTC residents
10 and other non-responders, such other hospitals
11 or other facilities as are identified by the WTC
12 Program Administrator.

13 The WTC Program Administrator shall limit the
14 number of additional Centers of Excellence identified
15 under subparagraph (D) to ensure that the partici-
16 pating centers have adequate experience in the treat-
17 ment and diagnosis of identified WTC-related med-
18 ical conditions.

19 “(2) COORDINATING CENTER OF EXCEL-
20 LENCE.—In this title, the term ‘Coordinating Center
21 of Excellence’ means the following:

22 “(A) FOR FDNY RESPONDERS.—With re-
23 spect to an eligible WTC responder who re-
24 sponded to the 9/11 attacks as an employee of

1 the Fire Department of the City of New York,
2 such Fire Department.

3 “(B) OTHER WTC RESPONDERS.—With re-
4 spect to other eligible WTC responders, the Mt.
5 Sinai coordinated consortium.

6 “(C) WTC RESIDENTS AND OTHER NON-
7 RESPONDERS.—With respect to eligible WTC
8 residents and other non-responders, the World
9 Trade Center Environmental Health Center at
10 Bellevue Hospital.

11 “(3) CORRESPONDING CENTERS.—In this title,
12 a Clinical Center of Excellence and a Coordinating
13 Center of Excellence shall be treated as ‘cor-
14 responding’ to the extent that such Clinical Center
15 and Coordinating Center serve the same population
16 group.

17 “(c) REIMBURSEMENT FOR NON-TREATMENT, NON-
18 MONITORING PROGRAM COSTS.—A Clinical or Coordi-
19 nating Center of Excellence with a contract under this sec-
20 tion shall be reimbursed for the costs of such Center in
21 carrying out the activities described in subsection (a),
22 other than those described in subsection (a)(1)(A), subject
23 to the provisions of section 3001(d), as follows:

1 “(1) CLINICAL CENTERS OF EXCELLENCE.—
2 For carrying out subparagraphs (B) through (F) of
3 subsection (a)(1)—

4 “(A) CLINICAL CENTER FOR FDNY RE-
5 SPONDERS IN NEW YORK.—The Clinical Center
6 of Excellence for FDNY Responders in New
7 York specified in subsection (b)(1)(A) shall be
8 reimbursed—

9 “(i) in the first year of the contract
10 under this section, \$900 per participant in
11 the medical treatment program, and \$400
12 per participant in the monitoring program;
13 and

14 “(ii) in each subsequent contract year,
15 subject to paragraph (3), at the rates spec-
16 ified in this subparagraph for the previous
17 contract year adjusted by the WTC Pro-
18 gram Administrator to reflect the rate of
19 medical care inflation during the previous
20 contract year.

21 “(B) CLINICAL CENTERS SERVING OTHER
22 ELIGIBLE WTC RESPONDERS IN NEW YORK.—A
23 Clinical Center of Excellence for other WTC re-
24 sponders in New York specified in subsection

1 (b)(1)(B) shall be reimbursed the amounts
2 specified in subparagraph (A).

3 “(C) CLINICAL CENTERS SERVING WTC
4 RESIDENTS AND OTHER NON-RESPONDERS.—A
5 Clinical Center of Excellence for eligible WTC
6 residents and other non-responders in New
7 York specified in subsection (b)(1)(C) shall be
8 reimbursed—

9 “(i) for each participant in a medical
10 treatment program enrolled at a non-hos-
11 pital-based facility, the amount specified in
12 subparagraph (A) per participant in a
13 medical treatment program; and

14 “(ii) for each participant in a medical
15 treatment program enrolled at a hospital-
16 based facility, $\frac{2}{3}$ of the amount specified
17 in clause (i).

18 “(D) OTHER CLINICAL CENTERS.—A Clin-
19 ical Center of Excellence or other providers not
20 described in a previous subparagraph shall be
21 reimbursed at a rate set by the WTC Program
22 Administrator.

23 “(E) REIMBURSEMENT RULES.—The reim-
24 bursement provided under subparagraphs (A),
25 (B) and (C) shall be made for each participant

1 in the WTC program per year, regardless of the
2 volume or cost of services required.

3 “(2) COORDINATING CENTERS OF EXCEL-
4 LENCE.—A Coordinating Centers of Excellence spec-
5 ified in section (a)(2) shall be reimbursed for the
6 provision of services set forth in this section at such
7 levels as are established by the WTC Program Ad-
8 ministrator.

9 “(3) REVIEW OF RATES.—

10 “(A) INITIAL REVIEW.—Before the end of
11 the fifth contract year of the WTC program,
12 the WTC Program Administrator shall conduct
13 a review to determine whether the reimburse-
14 ment rates set forth in this subsection provide
15 fair and appropriate reimbursement for such
16 program services. Based on such review, the
17 Administrator may, by rule beginning with the
18 sixth contract year, may modify such rates, tak-
19 ing into account a reasonable and fair rate for
20 the services being provided.

21 “(B) SUBSEQUENT REVIEWS.—After the
22 sixth contract year, the WTC Program Admin-
23 istrator shall conduct periodic reviews to deter-
24 mine whether the reimbursement rates in effect
25 under this subsection provide fair and appro-

1 appropriate reimbursement for such program serv-
2 ices. Based upon such a review, the Adminis-
3 trator may by rule modify such rates, taking
4 into account a reasonable and fair rate for the
5 services being provided.

6 “(C) GAO REVIEW.—The Comptroller
7 General of the United States shall review the
8 Secretary’s determinations regarding fair and
9 appropriate reimbursement for program services
10 under this paragraph.

11 “(d) REQUIREMENTS.—The WTC Program Adminis-
12 trator shall not enter into a contract with a Clinical Center
13 of Excellence under subsection (a)(1) unless—

14 “(1) the Center establishes a formal mechanism
15 for consulting with and receiving input from rep-
16 resentatives of eligible populations receiving moni-
17 toring and treatment benefits under subtitle B from
18 such Center;

19 “(2) the Center provides for the coordination of
20 monitoring and treatment benefits under subtitle B
21 with routine medical care provided for the treatment
22 of conditions other than WTC-related health condi-
23 tions;

1 “(3) the Center collects and reports to the cor-
2 responding Coordinating Center of Excellence data
3 in accordance with section 3005;

4 “(4) the Center has in place safeguards against
5 fraud that are satisfactory to the Administrator;

6 “(5) the Center agrees to treat or refer for
7 treatment all individuals who are eligible WTC re-
8 sponders or eligible WTC residents and other non-
9 responders with respect to such Center who present
10 themselves for treatment of a WTC-related health
11 condition; and

12 “(6) the Center agrees to meet all the other ap-
13 plicable requirements of this title, including regula-
14 tions implementing such requirements.

15 **“SEC. 3007. PROGRAMS REGARDING ATTACK AT PENTAGON.**

16 “The Secretary may, to the extent determined appro-
17 priate by the Secretary, establish with respect to the ter-
18 rorist attack at the Pentagon on September 11, 2001, pro-
19 grams similar to the programs that are established in sub-
20 titles B and C with respect to the September 11, 2001,
21 terrorist attacks on the World Trade Center.

22 **“SEC. 3008. ENTITLEMENT AUTHORITIES.**

23 “Subtitle B constitutes budget authority in advance
24 of appropriations Acts and represents the obligation of the
25 Federal Government to provide for the payment for moni-

1 toring and treatment in accordance with such subtitle and
2 section 3006(c) constitutes such budget authority and rep-
3 resents the obligation of the Federal Government to pro-
4 vide for the payment described in such section.

5 **“SEC. 3009. DEFINITIONS.**

6 “In this title:

7 “(1) The term ‘aggravating’ means, with re-
8 spect to a health condition, a health condition that
9 existed on September 11, 2001, and that, as a result
10 of exposure to airborne toxins, any other hazard, or
11 any other adverse condition resulting from the Sep-
12 tember 11, 2001, terrorist attacks on the World
13 Trade Center requires medical treatment that is (or
14 will be) in addition to, more frequent than, or of
15 longer duration than the medical treatment that
16 would have been required for such condition in the
17 absence of such exposure.

18 “(2) The terms ‘Clinical Center of Excellence’
19 and ‘Coordinating Center of Excellence’ have the
20 meanings given such terms in section 3006(b).

21 “(3) The term ‘current consortium arrange-
22 ments’ means the arrangements as in effect on the
23 date of the enactment of this title between the Na-
24 tional Institute for Occupational Safety and Health

1 and the Mt. Sinai-coordinated consortium and the
2 Fire Department of the City of New York.

3 “(4) The terms ‘eligible WTC responder’ and
4 ‘eligible WTC resident or other non-responder’ are
5 defined in sections 3011(a) and 3021(a), respec-
6 tively.

7 “(5) The term ‘list of identified WTC-related
8 health conditions’ means—

9 “(A) for eligible WTC responders, the
10 identified WTC-related health condition for eli-
11 gible WTC responders under section
12 3012(a)(3); or

13 “(B) for eligible WTC residents and other
14 non-responders, the identified WTC-related
15 health condition for WTC residents and other
16 responders under section 3022(b)(1).

17 “(6) The term ‘Mt.-Sinai-coordinated consor-
18 tium’ means the consortium coordinated by Mt.
19 Sinai hospital in New York City that coordinates the
20 monitoring and treatment under the current consor-
21 tium arrangements for eligible WTC responders
22 other than with respect to those covered under the
23 arrangement with the Fire Department for the City
24 of New York.

1 “(7) The term ‘New York City disaster area’
2 means the area within New York City that is—

3 “(A) the area of Manhattan that is south
4 of Houston Street; and

5 “(B) any block in Brooklyn that is wholly
6 or partially contained within a 1.5-mile radius
7 of the former World Trade Center site.

8 “(8) The term ‘New York metropolitan area’
9 means an area, specified by the WTC Program Ad-
10 ministrator, within which eligible WTC responders
11 and eligible WTC residents and other non-respond-
12 ers who reside in such area are reasonably able to
13 access monitoring and treatment benefits under this
14 title through a Clinical Centers of Excellence de-
15 scribed in subparagraphs (A), (B), or (C) of section
16 3006(b)(1).

17 “(9) The term ‘September 11, 2001, terrorist
18 attacks on the World Trade Center’ means the ter-
19 rorist attacks that occurred on September 11, 2001,
20 in New York City and includes the aftermath of
21 such attacks.

22 “(10) The term ‘WTC Health Program Steer-
23 ing Committee’ means such a Steering Committee
24 established under section 3003.

1 “(11) The term ‘WTC Program Administrator’
2 means the individual responsible under section
3 3001(d) for the administration of the WTC pro-
4 gram.

5 “(12) The term ‘WTC-related health condition’
6 is defined in section 3012(a).

7 “(13) The term ‘WTC Scientific/Technical Ad-
8 visory Committee’ means such Committee estab-
9 lished under section 3002.

10 **“Subtitle B—Program of** 11 **Monitoring and Treatment**

12 **“PART 1—FOR WTC RESPONDERS**

13 **“SEC. 3011. IDENTIFICATION OF ELIGIBLE WTC RESPOND-** 14 **ERS AND PROVISION OF WTC-RELATED MONI-** 15 **TORING SERVICES.**

16 “(a) ELIGIBLE WTC RESPONDER DEFINED.—

17 “(1) IN GENERAL.—For purposes of this title,
18 the term ‘eligible WTC responder’ means any of the
19 following individuals, subject to paragraph (5):

20 “(A) CURRENTLY IDENTIFIED RE-
21 SPONDER.—An individual who has been identi-
22 fied as eligible for medical monitoring under the
23 current consortium arrangements (as defined in
24 section 3009(3)).

1 “(B) RESPONDER WHO MEETS CURRENT
2 ELIGIBILITY CRITERIA.—An individual who
3 meets the current eligibility criteria described in
4 paragraph (2).

5 “(C) RESPONDER WHO MEETS MODIFIED
6 ELIGIBILITY CRITERIA.—An individual who—

7 “(i) performed rescue, recovery, demo-
8 lition, debris cleanup, or other related serv-
9 ices in the New York City disaster area in
10 response to the September 11, 2001, ter-
11 rorist attacks on the World Trade Center,
12 regardless of whether such services were
13 performed by a State or Federal employee
14 or member of the National Guard or other-
15 wise; and

16 “(ii) meets such eligibility criteria re-
17 lating to exposure to airborne toxins, other
18 hazards, or adverse conditions resulting
19 from the September 11, 2001, terrorist at-
20 tacks on the World Trade Center as the
21 WTC Program Administrator, after con-
22 sultation with the WTC Responders Steer-
23 ing Committee and the WTC Scientific/
24 Technical Advisory Committee, determines
25 appropriate.

1 “(2) CURRENT ELIGIBILITY CRITERIA.—The
2 eligibility criteria described in this paragraph for an
3 individual is that the individual is described in either
4 of the following categories:

5 “(A) FIRE FIGHTERS AND RELATED PER-
6 SONNEL.—All members of the Fire Department
7 of the City of New York (whether fire or emer-
8 gency personnel, active or retired) who partici-
9 pated at least one day in the rescue and recov-
10 ery effort at any of the former World Trade
11 sites (including Ground Zero, Staten Island
12 land fill, and the NYC Chief Medical Exam-
13 iner’s office) for any time during the period be-
14 ginning on September 11, 2001, and ending on
15 July 31, 2002.

16 “(B) OTHER WTC RESCUE, RECOVERY,
17 AND CLEAN-UP WORKERS.—The individual—

18 “(i) worked or volunteered on-site in
19 rescue, recovery, debris-cleanup or related
20 support services in lower Manhattan (south
21 of Canal St.), the Staten Island Landfill,
22 or the barge loading piers, for at least 4
23 hours during the period beginning on Sep-
24 tember 11, 2001, and ending on Sep-
25 tember 14, 2001, for at least 24 hours

1 during the period beginning on September
2 11, 2001, and ending on September 30,
3 2001, or for at least 80 hours during the
4 period beginning on September 11, 2001,
5 and ending on July 31, 2002;

6 “(ii) was an employee of the Office of
7 the Chief Medical Examiner of the City of
8 New York involved in the examination and
9 processing of human remains, or other
10 morgue worker who performed similar
11 post-September 11 functions for such Of-
12 fice staff;

13 “(iii) was a worker in the Port Au-
14 thority Trans-Hudson Corporation tunnel
15 for at least 24 hours during the period be-
16 ginning on February 1, 2002, and ending
17 on July 1, 2002; or

18 “(iv) was a vehicle-maintenance work-
19 er who was exposed to debris from the
20 former World Trade Center while retriev-
21 ing, driving, cleaning, repairing, and main-
22 taining vehicles contaminated by airborne
23 toxins from the September 11, 2001, ter-
24 rorist attacks on the World Trade Center

1 during a duration and period described in
2 subparagraph (A).

3 “(3) APPLICATION PROCESS.—The WTC Pro-
4 gram Administrator in consultation with the Coordinating Centers of Excellence shall establish a process for individuals, other than eligible WTC responders described in paragraph (1)(A), to apply to be determined to be eligible WTC responders. Under such process—

10 “(A) there shall be no fee charged to the
11 applicant for making an application for such
12 determination; and

13 “(B) the Administrator shall make a determination on such an application not later than
14 60 days after the date of filing the application.

16 “(4) CERTIFICATION.—

17 “(A) IN GENERAL.—In the case of an individual who is described in paragraph (1)(A) or
18 who is determined under paragraph (3) (consistent with paragraph (5)) to be an eligible
19 WTC responder, the WTC Program Administrator shall provide an appropriate certification
20 of such fact and of eligibility for monitoring and treatment benefits under this part. The Administrator shall make determinations of eligi-

1 bility relating to an applicant’s compliance with
2 this title, including the verification of informa-
3 tion submitted in support of the application,
4 and shall not deny such a certification to an in-
5 dividual unless the Administrator determines
6 that—

7 “(i) based on the application sub-
8 mitted, the individual does not meet the
9 eligibility criteria; or

10 “(ii) the numerical limitation on eligi-
11 ble WTC responders set forth in paragraph
12 (5) has been met.

13 “(B) TIMING.—In the case of an individual
14 who is determined under paragraph (3) and
15 consistent with paragraph (5) to be an eligible
16 WTC responder, the WTC Program Adminis-
17 trator shall provide the certification under sub-
18 paragraph (A) at the time of the determination.

19 “(5) NUMERICAL LIMITATION ON ELIGIBLE
20 WTC RESPONDERS.—

21 “(A) IN GENERAL.—Notwithstanding any
22 other provision of this title, the total number of
23 individuals not described in subparagraph (C)
24 who may qualify as eligible WTC responders for
25 purposes of this title, and be certified as eligible

1 WTC responders under paragraph (4), shall not
2 exceed 35,000.

3 “(B) PROCESS.—In implementing subpara-
4 graph (A), the WTC Program Administrator
5 shall—

6 “(i) limit the number of certifications
7 provided under paragraph (4) in accord-
8 ance with such subparagraph; and

9 “(ii) provide priority in such certifi-
10 cations in the order in which individuals
11 apply for a determination under paragraph
12 (3).

13 “(C) CURRENTLY IDENTIFIED RESPOND-
14 ERS NOT COUNTED.—Individuals described in
15 this subparagraph are individuals who are de-
16 scribed in paragraph (1)(A).

17 “(b) MONITORING BENEFITS.—

18 “(1) IN GENERAL.—In the case of an eligible
19 WTC responder, the WTC program shall provide for
20 monitoring benefits that include medical monitoring
21 consistent with protocols approved by the WTC Pro-
22 gram Administrator and including screening, clinical
23 examinations, and long-term health monitoring and
24 analysis. In the case of an eligible WTC responder
25 who is an active member of the Fire Department of

1 the City of New York, the responder shall receive
2 such benefits as part of the individual's periodic
3 company medical exams.

4 “(2) PROVISION OF MONITORING BENEFITS.—
5 The monitoring benefits under paragraph (1) shall
6 be provided through the Clinical Center of Excel-
7 lence for the type of individual involved or, in the
8 case of an individual residing outside the New York
9 metropolitan area, under an arrangement under sec-
10 tion 3031.

11 **“SEC. 3012. TREATMENT OF ELIGIBLE WTC RESPONDERS**
12 **FOR WTC-RELATED HEALTH CONDITIONS.**

13 “(a) WTC-RELATED HEALTH CONDITION DE-
14 FINED.—

15 “(1) IN GENERAL.—For purposes of this title,
16 the term ‘WTC-related health condition’ means—

17 “(A) an illness or health condition for
18 which exposure to airborne toxins, any other
19 hazard, or any other adverse condition resulting
20 from the September 11, 2001, terrorist attacks
21 on the World Trade Center, based on an exam-
22 ination by a medical professional with experi-
23 ence in treating or diagnosing the medical con-
24 ditions included in the applicable list of identi-
25 fied WTC-related conditions, is substantially

1 likely to be a significant factor in aggravating,
2 contributing to, or causing the illness or health
3 condition, as determined under paragraph (2);
4 or

5 “(B) a mental health condition for which
6 such attacks, based on an examination by a
7 medical professional with experience in treating
8 or diagnosing the medical conditions included in
9 the applicable list of identified WTC-related
10 conditions, is substantially likely be a signifi-
11 cant factor in aggravating, contributing to, or
12 causing the condition, as determined under
13 paragraph (2).

14 “(2) DETERMINATION.—The determination of
15 whether the September 11, 2001, terrorist attacks
16 on the World Trade Center were substantially likely
17 to be a significant factor in aggravating, contrib-
18 uting to, or causing an individual’s illness or health
19 condition shall be made based on an assessment of
20 the following:

21 “(A) The individual’s exposure to airborne
22 toxins, any other hazard, or any other adverse
23 condition resulting from the terrorist attacks.
24 Such exposure shall be—

1 “(i) evaluated and characterized
2 through the use of a standardized, popu-
3 lation appropriate questionnaire approved
4 by the Director of the National Institute
5 for Occupational Safety and Health; and

6 “(ii) assessed and documented by a
7 medical professional with experience in
8 treating or diagnosing medical conditions
9 included on the list of identified WTC-re-
10 lated conditions.

11 “(B) The type of symptoms and temporal
12 sequence of symptoms. Such symptoms shall
13 be—

14 “(i) assessed through the use of a
15 standardized, population appropriate med-
16 ical questionnaire approved by Director of
17 the National Institute for Occupational
18 Safety and Health and a medical examina-
19 tion; and

20 “(ii) diagnosed and documented by a
21 medical professional described in subpara-
22 graph (A)(ii).

23 “(3) LIST OF IDENTIFIED WTC-RELATED
24 HEALTH CONDITIONS FOR ELIGIBLE WTC RESPOND-
25 ERS.—For purposes of this title, the term ‘identified

1 WTC-related health condition for eligible WTC re-
2 sponders' means any of the following health condi-
3 tions, and any condition specified under paragraph
4 (4):

5 “(A) AERODIGESTIVE DISORDERS.—

6 “(i) Interstitial lung diseases.

7 “(ii) Chronic respiratory disorder-
8 fumes/vapors.

9 “(iii) Asthma.

10 “(iv) Reactive airways dysfunction
11 syndrome (RADS).

12 “(v) WTC-exacerbated chronic ob-
13 structive pulmonary disease (COPD).

14 “(vi) Chronic cough syndrome.

15 “(vii) Upper airway hyperreactivity.

16 “(viii) Chronic rhinosinusitis.

17 “(ix) Chronic nasopharyngitis.

18 “(x) Chronic laryngitis.

19 “(xi) Gastro-esophageal reflux dis-
20 order (GERD).

21 “(xii) Sleep apnea exacerbated by or
22 related to a condition described in a pre-
23 vious clause.

24 “(B) MENTAL HEALTH CONDITIONS.—

1 “(i) Post traumatic stress disorder
2 (PTSD).

3 “(ii) Major depressive disorder.

4 “(iii) Panic disorder.

5 “(iv) Generalized anxiety disorder.

6 “(v) Anxiety disorder (not otherwise
7 specified).

8 “(vi) Depression (not otherwise speci-
9 fied).

10 “(vii) Acute stress disorder.

11 “(viii) Dysthymic disorder.

12 “(ix) Adjustment disorder.

13 “(x) Substance abuse.

14 “(xi) V codes (treatments not specifi-
15 cally related to psychiatric disorders, such
16 as marital problems, parenting problems,
17 etc.)

18 “(C) MUSCULOSKELETAL DISORDERS.—

19 “(i) Low back pain.

20 “(ii) Carpal tunnel syndrome (CTS).

21 “(iii) Other musculoskeletal disorders.

22 “(4) APPLICATION FOR ADDITIONAL IDENTIFI-
23 FIED WTC-RELATED HEALTH CONDITIONS FOR ELI-
24 GIBLE WTC RESPONDERS.—

1 “(A) APPLICATION.—Any individual or or-
2 ganization can apply to the WTC Program Ad-
3 ministrators for an illness or health condition
4 not described in paragraph (3) to be added to
5 the list of identified WTC-related conditions for
6 eligible WTC responders.

7 “(B) REVIEW.—The WTC Program Ad-
8 ministrators shall establish a public process for
9 receiving public input and comments on any ap-
10 plication under subparagraph (A).

11 “(C) CONSIDERATIONS.—In making deter-
12 minations on such applications, the WTC Pro-
13 gram Administrator shall give deference to the
14 findings and recommendations of Clinical Cen-
15 ters of Excellence published in peer reviewed
16 journals in the determination of whether an ad-
17 ditional illness or health condition, such as can-
18 cer, should be added to the list of identified
19 WTC-related health conditions for eligible WTC
20 responders.

21 “(D) CONSULTATION.—The WTC Pro-
22 gram Administrator shall consult with the WTC
23 Responders Steering Committee and the WTC
24 Scientific/Technical Advisory Committee in
25 making a determination on whether an addi-

1 tional health condition should be added to the
2 list of identified WTC-related conditions for eli-
3 gible WTC responders.

4 “(E) DETERMINATION.—The WTC Pro-
5 gram Administrator shall add an illness or
6 health condition to the list of identified WTC-
7 related health conditions for eligible WTC re-
8 sponders if, based on a review of the evidence
9 and consultations conducted under subpara-
10 graphs (B), (C), and (D), the Administrator de-
11 termines that exposure to airborne toxins, other
12 hazards, or other adverse conditions resulting
13 from the September 11, 2001, terrorist attacks
14 on the World Trade Center is substantially like-
15 ly to be a significant factor in aggravating, con-
16 tributing to, or causing the illness or health
17 condition.

18 “(b) COVERAGE OF TREATMENT FOR WTC-RELATED
19 HEALTH CONDITIONS.—

20 “(1) DETERMINATION BASED ON AN IDENTI-
21 FIED WTC-RELATED HEALTH CONDITION FOR ELIGI-
22 BLE WTC RESPONDERS.—

23 “(A) IN GENERAL.—If a physician at a
24 Clinical Center of Excellence that is providing
25 monitoring benefits under section 3011 for an

1 eligible WTC responder determines that the re-
2 sponder has an identified WTC-related health
3 condition, and the physician makes a clinical
4 determination that exposure to airborne toxins,
5 other hazards, or adverse conditions resulting
6 from the 9/11 terrorist attacks is substantially
7 likely to be a significant factor in aggravating,
8 contributing to, or causing the condition—

9 “(i) the physician shall promptly
10 transmit such determination to the WTC
11 Program Administrator and provide the
12 Administrator with the medical facts sup-
13 porting such determination; and

14 “(ii) on and after the date of such
15 transmittal and subject to paragraph (2),
16 the WTC program shall provide for pay-
17 ment under subsection (c) for medically
18 necessary treatment for such condition.

19 “(B) REVIEW; CERTIFICATION; AP-
20 PEALS.—

21 “(i) REVIEW.—A Federal employee
22 designated by the WTC Program Adminis-
23 trator shall review determinations made
24 under subparagraph (A)(i) of a WTC-re-
25 lated health condition.

1 “(ii) CERTIFICATION.—The Adminis-
2 trator shall provide a certification of cov-
3 erage of the treatment of such condition
4 based upon reviews conducted under clause
5 (i). Such a certification shall be provided
6 unless the Administrator determines that
7 the responder’s condition is not an identi-
8 fied WTC-related health condition or that
9 exposure to airborne toxins, other hazards,
10 or adverse conditions resulting from the 9/
11 11 terrorist attacks is not substantially
12 likely to be a significant factor in signifi-
13 cantly aggravating, contributing to, or
14 causing the condition.

15 “(iii) APPEAL PROCESS.—The Admin-
16 istrator shall provide a process for the ap-
17 peal of determinations under clause (ii).

18 “(2) DETERMINATION BASED ON OTHER WTC-
19 RELATED HEALTH CONDITION.—

20 “(A) IN GENERAL.—If a physician at a
21 Clinical Center of Excellence determines pursu-
22 ant to subsection (a) that the eligible WTC re-
23 sponder has a WTC-related health condition
24 that is not an identified WTC-related health
25 condition for eligible WTC responders—

1 “(i) the physician shall promptly
2 transmit such determination to the WTC
3 Program Administrator and provide the
4 Administrator with the facts supporting
5 such determination; and

6 “(ii) on and after the date of such
7 transmittal and pending a determination
8 by the Administrator under subparagraph
9 (B), the WTC program shall provide for
10 payment under subsection (c) for medically
11 necessary treatment for such condition.

12 “(B) REVIEW; CERTIFICATION.—

13 “(i) USE OF PHYSICIAN PANEL.—The
14 WTC Program Administrator shall provide
15 for the review of each determination made
16 under subparagraph (A)(i) of a WTC-re-
17 lated health condition to be made by a
18 physician panel with appropriate expertise
19 appointed by the WTC Program Adminis-
20 trator. Such a panel shall make rec-
21 ommendations to the Administrator on the
22 evidence supporting such determination.

23 “(ii) REVIEW OF RECOMMENDATIONS
24 OF PANEL; CERTIFICATION.—The Adminis-
25 trator, based on such recommendations

1 shall determine whether or not the condi-
2 tion is a WTC-related health condition
3 and, if it is, provide for a certification
4 under paragraph (1)(B)(ii) of coverage of
5 such condition. The Administrator shall
6 provide a process for the appeal of deter-
7 minations that the responder's condition is
8 not a WTC-related health condition.

9 “(3) REQUIREMENT OF MEDICAL NECESSITY.—
10 The determination under paragraphs (1)(A)(ii) and
11 (2)(A)(ii) of whether treatment is medically nec-
12 essary for a WTC-related health condition shall be
13 made by physicians at the appropriate Clinical Cen-
14 ter of Excellence, taking into account, for identified
15 WTC-related health conditions, medical treatment
16 protocols established under subsection (d).

17 “(4) SCOPE OF TREATMENT COVERED.—

18 “(A) IN GENERAL.—The scope of treat-
19 ment covered under such paragraphs includes
20 services of physicians and other health care pro-
21 viders, diagnostic and laboratory tests, prescrip-
22 tion drugs, inpatient and outpatient hospital
23 services, and other medically necessary treat-
24 ment.

1 “(B) PHARMACEUTICAL COVERAGE.—With
2 respect to ensuring coverage of medically nec-
3 essary outpatient prescription drugs, such drugs
4 shall be provided, under arrangements made by
5 the WTC Program Administrator, directly
6 through participating Clinical Centers of Excel-
7 lence or through one or more outside vendors.

8 “(5) PROVISION OF TREATMENT PENDING CER-
9 TIFICATION.—In the case of an eligible WTC re-
10 sponder who has been determined by an examining
11 physician under subsection (b)(1) to have an identi-
12 fied WTC-related health condition, but for whom a
13 certification of the determination has not yet been
14 made by the WTC Program Administrator, medical
15 treatment may be provided under this subsection
16 until the Administrator makes a decision on such
17 certification. Medical treatment provided under this
18 paragraph shall be considered to be medical treat-
19 ment for which payment may be made under sub-
20 section (c).

21 “(c) PAYMENT FOR MEDICAL MONITORING AND
22 TREATMENT OF WTC-RELATED HEALTH CONDITIONS.—

23 “(1) MEDICAL TREATMENT.—

24 “(A) USE OF MEDICARE PAYMENT
25 RATES.—

1 “(i) IN GENERAL.—Subject to sub-
2 paragraph (B), the WTC Program Admin-
3 istrator shall reimburse costs for medically
4 necessary treatment under this title for
5 WTC-related health conditions provided
6 under this title in a facility for which a
7 payment rate is established under the
8 Medicare program under title XVIII of the
9 Social Security Act at the applicable per-
10 centage of such Medicare payment rate.

11 “(ii) APPLICABLE PERCENTAGE.—For
12 purposes of this subparagraph, the term
13 ‘applicable percentage’ means—

14 “(I) 115 percent for treatment
15 provided by a hospital or an ambula-
16 tory care facility; or

17 “(II) 130 percent for other treat-
18 ment.

19 “(B) PHARMACEUTICALS.—

20 “(i) IN GENERAL.—The WTC Pro-
21 gram Administrator shall establish a pro-
22 gram for paying for the medically nec-
23 essary outpatient prescription pharma-
24 ceuticals prescribed under this title for

1 WTC-related conditions through one or
2 more contracts with outside vendors.

3 “(ii) COMPETITIVE BIDDING.—Under
4 such program the Administrator shall—

5 “(I) select one or more appro-
6 priate vendors through a Federal com-
7 petitive bid process; and

8 “(II) select the lowest bidder (or
9 bidders) meeting the requirements for
10 providing pharmaceutical benefits for
11 participants in the WTC program.

12 “(iii) TREATMENT OF FDNY PARTICI-
13 PANTS.—Under such program the Admin-
14 istrator may enter select a separate vendor
15 to provide pharmaceutical benefits to eligi-
16 ble WTC responders for whom the Clinical
17 Center of Excellence is described in section
18 3006(b)(1)(A) if such an arrangement is
19 deemed necessary and beneficial to the
20 program by the WTC Program Adminis-
21 trator.

22 “(C) OTHER TREATMENT.—For treatment
23 not covered under a preceding subparagraph,
24 the WTC Program Administrator shall des-
25 ignate a reimbursement rate for each such serv-

1 ice based upon the rates of reimbursement spec-
2 ified in the preceding subparagraphs.

3 “(2) MEDICAL MONITORING.—The WTC Pro-
4 gram Administrator shall reimburse the costs of
5 medical monitoring provided under this title at a
6 rate set by the Administrator.

7 “(3) ADMINISTRATIVE ARRANGEMENT AUTHOR-
8 ITY.—The WTC Program Administrator may enter
9 into arrangements with other government agencies,
10 insurance companies, or other third-party adminis-
11 trators to provide for timely and accurate processing
12 of claims under this section.

13 “(4) PARTICIPATION BY NEW YORK CITY IN
14 TREATMENT COSTS.—

15 “(A) IN GENERAL.—The amount of the
16 covered treatment payment (as defined in sub-
17 paragraph (B)) for a fiscal year shall be re-
18 duced by an amount equal to 5 percent of the
19 amount of the covered treatment payment that
20 would be made for the fiscal year but for this
21 paragraph.

22 “(B) COVERED TREATMENT PAYMENT DE-
23 FINED.—For purposes of this paragraph, the
24 term ‘covered treatment payment’ means pay-
25 ment under paragraph (1), including under

1 such paragraph as applied under section
2 3022(a), for items and services furnished by a
3 Clinical Center of Excellence within the New
4 York City Health and Hospitals Corporation to
5 eligible WTC responders and to eligible WTC
6 residents or other non-responders. Such pay-
7 ment shall be determined after the application
8 of paragraphs (2) and (3) of section 3001(d).

9 “(d) MEDICAL TREATMENT PROTOCOLS.—

10 “(1) DEVELOPMENT.—The Coordinating Cen-
11 ters of Excellence shall develop medical treatment
12 protocols for the treatment of eligible WTC respond-
13 ers and eligible WTC residents and other non-re-
14 sponders for identified WTC-related health condi-
15 tions under subsection (b).

16 “(2) APPROVAL.—The WTC Program Adminis-
17 trator shall approve the medical treatment protocols,
18 in consultation with the WTC Health Program
19 Steering Committees.

1 **“PART 2—COMMUNITY PROGRAM**

2 **“SEC. 3021. IDENTIFICATION OF ELIGIBLE WTC RESIDENTS**
3 **AND OTHER NON-RESPONDERS AND PROVI-**
4 **SION OF WTC-RELATED MONITORING SERV-**
5 **ICES.**

6 “(a) ELIGIBLE WTC RESIDENT AND OTHER NON-
7 RESPONDER DEFINED.—

8 “(1) IN GENERAL.—In this title, the term ‘eligi-
9 ble WTC resident and other non-responder’ means,
10 subject to paragraph (3), an individual who is not an
11 eligible WTC responder and is described in any of
12 the following subparagraphs:

13 “(A) A person who was present in the New
14 York City disaster area in the dust or dust
15 cloud on September 11, 2001.

16 “(B) A person who worked, resided or at-
17 tended school, child care or adult day care in
18 the New York City disaster area for—

19 “(i) at least four days during the 4-
20 month period beginning on September 11,
21 2001, and ending on January 10, 2002; or

22 “(ii) at least 30 days during the pe-
23 riod beginning on September 11, 2001,
24 and ending on July 31, 2002.

25 “(C) Any person who worked as a clean-up
26 worker or performed maintenance work in the

1 New York City disaster area during the 4-
2 month period described in subparagraph (B)(i)
3 and had extensive exposure to WTC dust as a
4 result of such work.

5 “(D) A person who was deemed eligible to
6 receive a grant from the Lower Manhattan De-
7 velopment Corporation Residential Grant Pro-
8 gram, who possessed a lease for a residence or
9 purchased a residence in the New York City
10 disaster area, and who resided in such residence
11 during the period beginning on September 11,
12 2001, and ending on May 31, 2003.

13 “(E) A person whose place of employ-
14 ment—

15 “(i) at any time during the period be-
16 ginning on September 11, 2001, and end-
17 ing on May 31, 2003, was in the New
18 York City disaster area; and

19 “(ii) was deemed eligible to receive a
20 grant from the Lower Manhattan Develop-
21 ment Corporation WTC Small Firms At-
22 traction and Retention Act program or
23 other government incentive program de-
24 signed to revitalize the Lower Manhattan
25 economy after the September 11, 2001,

1 terrorist attacks on the World Trade Cen-
2 ter.

3 “(F) A person who was receiving treat-
4 ment as of the date of the enactment of this
5 title at the World Trade Center Environmental
6 Health Center operated by the New York City
7 Health and Hospitals Corporation.

8 “(2) ELIGIBILITY CRITERIA.—In establishing
9 eligibility criteria for purposes of subparagraphs (A)
10 through (C) of paragraph (1) and for purposes of
11 section 3011(a)(1)(D), the WTC Program Adminis-
12 trator shall—

13 “(A) take into account the period, and, to
14 the extent feasible, intensity, of exposure to air-
15 borne toxins, other hazard, or other adverse
16 condition;

17 “(B) base such criteria on best available
18 evidence of exposure and related adverse health
19 effects; and

20 “(C) consult with the WTC Community
21 Program Steering Committee, Coordinating
22 Centers of Excellence described in section
23 3006(b)(1)(C), and affected populations.

1 The Administrator shall first establish such criteria
2 not later than 90 days after the date of the enact-
3 ment of this title.

4 “(3) APPLICATION PROCESS.—The WTC Pro-
5 gram Administrator in consultation with the Coordin-
6 ating Centers of Excellence shall establish a proc-
7 ess for individuals to be determined eligible WTC
8 residents and other non-responders. Under such
9 process—

10 “(A) there shall be no fee charged to the
11 applicant for making an application for such
12 determination; and

13 “(B) the Administrator shall make a deter-
14 mination on such an application not later than
15 60 days after the date of filing the application.

16 “(4) CERTIFICATION.—

17 “(A) IN GENERAL.—In the case of an indi-
18 vidual who is determined under paragraph (3)
19 and consistent with paragraph (5) to be an eli-
20 gible WTC resident or other non-responder, the
21 WTC Program Administrator shall provide an
22 appropriate certification of such fact and of eli-
23 gibility for monitoring and treatment benefits
24 under this part. The Administrator shall make
25 determinations of eligibility relating to an appli-

1 cant’s compliance with this title, including the
2 verification of information submitted in support
3 of the application and shall not deny such a
4 certification to an individual unless the Admin-
5 istrator determines that—

6 “(i) based on the application sub-
7 mitted, the individual does not meet the
8 eligibility criteria; or

9 “(ii) the numerical limitation on eligi-
10 ble WTC residents and other non-respond-
11 ers set forth in paragraph (5) has been
12 met.

13 “(B) TIMING.—In the case of an individual
14 who is determined under paragraph (3) and
15 consistent with paragraph (5) to be an eligible
16 WTC resident or other non-responder, the WTC
17 Program Administrator shall provide the certifi-
18 cation under subparagraph (A) at the time of
19 such determination.

20 “(5) NUMERICAL LIMITATION ON ELIGIBLE
21 WTC RESIDENTS AND OTHER NON-RESPONDERS.—

22 “(A) IN GENERAL.—Notwithstanding any
23 other provision of this title, the total number of
24 individuals not described in subparagraph (C)
25 who may qualify as eligible WTC residents and

1 other non-responders for purposes of this title,
2 and be certified as eligible WTC residents and
3 other non-responders under paragraph (4),
4 shall not exceed 35,000.

5 “(B) PROCESS.—In implementing subpara-
6 graph (A), the WTC Program Administrator
7 shall—

8 “(i) limit the number of certifications
9 provided under paragraph (4) in accord-
10 ance with such subparagraph; and

11 “(ii) provide priority in such certifi-
12 cations in the order in which individuals
13 apply for a determination under paragraph
14 (3).

15 “(C) INDIVIDUALS CURRENTLY RECEIVING
16 MONITORING OR TREATMENT NOT COUNTED.—
17 Individuals described in this subparagraph are
18 individuals who, before the date of the enact-
19 ment of this title, have received any monitoring
20 described in subsection (b)(1) or have received
21 any treatment described in section 3022(a) for
22 an identified WTC-related condition for eligible
23 WTC residents and other non-responders.

24 “(b) MONITORING BENEFITS.—

1 “(1) IN GENERAL.—In the case of an eligible
2 WTC resident or other non-responder, the WTC pro-
3 gram shall provide for monitoring benefits that in-
4 clude medical monitoring consistent with protocols
5 approved by the WTC Program Administrator, in
6 consultation with the World Trade Center Environ-
7 mental Health Center at Bellevue Hospital and the
8 WTC Community Program Steering Committee, and
9 including screening, clinical examinations, and long-
10 term health monitoring and analysis.

11 “(2) SOURCE OF BENEFITS.—The monitoring
12 benefits under paragraph (1) shall be provided
13 through a Clinical Center of Excellence with respect
14 to the individual involved.

15 **“SEC. 3022. TREATMENT OF ELIGIBLE WTC RESIDENTS AND**
16 **OTHER NON-RESPONDERS FOR WTC-RE-**
17 **LATED HEALTH CONDITIONS.**

18 “(a) IN GENERAL.—Subject to subsection (b), the
19 provisions of section 3012 shall apply to the treatment of
20 WTC-related health conditions for eligible WTC residents
21 and other non-responders in the same manner as such pro-
22 visions apply to the treatment of identified WTC-related
23 health conditions for eligible WTC responders, except that
24 an eligible WTC resident or other non-responder need not
25 be receiving monitoring benefits to receive treatment for

1 a WTC-related health condition for eligible WTC residents
2 and other non-responders.

3 “(b) LIST OF IDENTIFIED WTC-RELATED HEALTH
4 CONDITIONS FOR WTC RESIDENTS AND OTHER NON-RE-
5 SPONDERS.—

6 “(1) IDENTIFIED WTC-RELATED HEALTH CON-
7 DITIONS FOR WTC RESIDENTS AND OTHER NON-RE-
8 SPONDERS.—For purposes of this title, the term
9 ‘identified WTC-related health conditions for WTC
10 residents and non-responder’ means any of the fol-
11 lowing health conditions, and any condition specified
12 under paragraph (2):

13 “(A) AERODIGESTIVE DISORDERS.—

14 “(i) Interstitial lung diseases.

15 “(ii) Chronic respiratory disorder—
16 fumes/vapors.

17 “(iii) Asthma.

18 “(iv) Reactive airways dysfunction
19 syndrome (RADS).

20 “(v) WTC-exacerbated chronic ob-
21 structive pulmonary disease (COPD).

22 “(vi) Chronic cough syndrome.

23 “(vii) Upper airway hyperreactivity.

24 “(viii) Chronic rhinosinusitis.

25 “(ix) Chronic nasopharyngitis.

1 “(x) Chronic laryngitis.

2 “(xi) Gastro-esophageal reflux dis-
3 order (GERD).

4 “(xii) Sleep apnea exacerbated by or
5 related to a condition described in a pre-
6 vious clause.

7 “(B) MENTAL HEALTH CONDITIONS.—

8 “(i) Post traumatic stress disorder
9 (PTSD).

10 “(ii) Major depressive disorder.

11 “(iii) Panic disorder.

12 “(iv) Generalized anxiety disorder.

13 “(v) Anxiety disorder (not otherwise
14 specified).

15 “(vi) Depression (not otherwise speci-
16 fied).

17 “(vii) Acute stress disorder.

18 “(viii) Dysthymic disorder.

19 “(ix) Adjustment disorder.

20 “(x) Substance abuse.

21 “(xi) V codes (treatments not specifi-
22 cally related to psychiatric disorders, such
23 as marital problems, parenting problems,
24 etc.)

1 “(2) APPLICATION FOR ADDITIONAL IDENTI-
2 FIED WTC-RELATED HEALTH CONDITIONS FOR WTC
3 RESIDENTS AND OTHER NON-RESPONDERS.—The
4 provisions of paragraph (4) of section 3012(a) shall
5 apply with respect to an addition to the list of iden-
6 tified WTC-related conditions for eligible WTC resi-
7 dents and other non-responders under paragraph (1)
8 in the same manner as such provisions apply to the
9 addition to the list of identified WTC-related condi-
10 tions for eligible WTC responders under section
11 3012(a)(3).

12 **“SEC. 3023. TREATMENT OF OTHER INDIVIDUALS WITH**
13 **WTC-RELATED HEALTH CONDITIONS.**

14 “(a) IN GENERAL.—Subject to subsection (c), the
15 provisions of section 3022 shall apply to the treatment of
16 WTC-related health conditions for eligible WTC residents
17 and other non-responders in the case of individuals de-
18 scribed in subsection (b) in the same manner as such pro-
19 visions apply to the treatment of WTC-related health con-
20 ditions for WTC residents and other non-responders.

21 “(b) INDIVIDUALS DESCRIBED.—An individual de-
22 scribed in this subsection is an individual who, regardless
23 of location of residence—

24 “(1) is not a eligible WTC responder or an eli-
25 gible WTC resident or other non-responder; and

1 “(2) is diagnosed at a Clinical Center of Excel-
2 lence (with respect to an eligible WTC resident or
3 other non-responder) with an identified WTC-related
4 health condition for WTC residents and other non-
5 responders.

6 “(c) LIMITATION.—

7 “(1) IN GENERAL.—The WTC Program Admin-
8 istrator shall limit benefits for any fiscal year under
9 subsection (a) in a manner so that payments under
10 this section for such fiscal year do not exceed the
11 amount specified in paragraph (2) for such fiscal
12 year.

13 “(2) LIMITATION.—The amount specified in
14 this paragraph for—

15 “(A) fiscal year 2009 is \$20,000,000; or

16 “(B) a succeeding fiscal year is the
17 amount specified in this paragraph for the pre-
18 vious fiscal year increased by the annual per-
19 centage increase in the medical care component
20 of the consumer price index for all urban con-
21 sumers.

1 **“PART 3—NATIONAL ARRANGEMENT FOR BENE-**
2 **FITS FOR ELIGIBLE INDIVIDUALS OUTSIDE**
3 **NEW YORK**

4 **“SEC. 3031. NATIONAL ARRANGEMENT FOR BENEFITS FOR**
5 **ELIGIBLE INDIVIDUALS OUTSIDE NEW YORK.**

6 “(a) IN GENERAL.—In order to ensure reasonable ac-
7 cess to monitoring and treatment benefits under this sub-
8 title for individuals who are eligible WTC responders or
9 eligible WTC residents or other nonresponders and who
10 reside in any State, as defined in section 2(f), outside the
11 New York metropolitan area, the WTC Program Adminis-
12 trator shall establish a nationwide network of health care
13 providers to provide such monitoring and treatment bene-
14 fits near such individuals’ areas of residence in such
15 States, or to establish a mechanism whereby individuals
16 who are entitled to benefits for such monitoring or treat-
17 ment can be reimbursed for the cost of such monitoring
18 or treatment. Nothing in this subsection shall be construed
19 as preventing such individuals from being provided such
20 monitoring and treatment benefits through a Clinical Cen-
21 ter of Excellence.

22 “(b) NETWORK REQUIREMENTS.—Any health care
23 provider participating in the network under subsection (a)
24 shall—

25 “(1) meet criteria for credentialing established
26 by the Coordinating Centers of Excellence;

1 “(2) follow the monitoring and treatment proto-
2 cols developed under section 3006(a)(1); and

3 “(3) collect and report data in accordance with
4 section 3005.

5 **“Subtitle C—Research Into**
6 **Conditions**

7 **“SEC. 3041. RESEARCH REGARDING CERTAIN HEALTH CON-**
8 **DITIONS RELATED TO SEPTEMBER 11 TER-**
9 **RORIST ATTACKS IN NEW YORK CITY.**

10 “(a) IN GENERAL.—With respect to individuals, in-
11 cluding eligible WTC responders and non-responders, re-
12 ceiving monitoring under subtitle B, the WTC Program
13 Administrator shall conduct or support—

14 “(1) research on physical and mental health
15 conditions that may be related to the September 11,
16 2001, terrorist attacks;

17 “(2) research on diagnosing WTC-related
18 health conditions of such individuals, in the case of
19 conditions for which there has been diagnostic un-
20 certainty; and

21 “(3) research on treating WTC-related health
22 conditions of such individuals, in the case of condi-
23 tions for which there has been treatment uncer-
24 tainty.

1 The Administrator may provide such support through con-
2 tinuation and expansion of research that was initiated be-
3 fore the date of the enactment of this title and through
4 the World Trade Center Health Registry (referred to in
5 section 3051).

6 “(b) TYPES OF RESEARCH.—The research under
7 subsection (a)(1) shall include epidemiologic studies on
8 WTC-related conditions or emerging conditions—

9 “(1) among WTC responders, residents, and
10 non-responders under treatment; and

11 “(2) in sampled populations outside the New
12 York City disaster area in Manhattan as far north
13 as 14th Street and in Brooklyn, along with control
14 populations, to identify potential for long-term ad-
15 verse health effects in less exposed populations.

16 “(c) CONSULTATION.—The WTC Program Adminis-
17 trator shall carry out this section in consultation with the
18 WTC Health Program Steering Committees and the WTC
19 Scientific/Technical Advisory Committee.

20 “(d) APPLICATION OF PRIVACY AND HUMAN SUB-
21 JECT PROTECTIONS.—The privacy and human subject
22 protections applicable to research conducted under this
23 section shall not be less than such protections applicable
24 to research otherwise conducted by the National Institutes
25 of Health.

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
2 purpose of carrying out this section, there are authorized
3 to be appropriated \$15,000,000 for each fiscal year, in
4 addition to any other authorizations of appropriations that
5 are available for such purpose.

6 **“Subtitle D—Programs of the New**
7 **York City Department of Health**
8 **and Mental Hygiene**

9 **“SEC. 3051. WORLD TRADE CENTER HEALTH REGISTRY.**

10 “(a) PROGRAM EXTENSION.—For the purpose of en-
11 suring on-going data collection for victims of the Sep-
12 tember 11, 2001, terrorist attacks on the World Trade
13 Center, the WTC Program Administrator, shall extend
14 and expand the arrangements in effect as of January 1,
15 2008, with the New York City Department of Health and
16 Mental Hygiene that provide for the World Trade Center
17 Health Registry.

18 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated \$7,000,000 for each fis-
20 cal year to carry out this section.

21 **“SEC. 3052. MENTAL HEALTH SERVICES.**

22 “(a) IN GENERAL.—The WTC Program Adminis-
23 trator may make grants to the New York City Department
24 of Health and Mental Hygiene to provide mental health
25 services to address mental health needs relating to the

1 September 11, 2001, terrorist attacks on the World Trade
2 Center.

3 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated \$8,500,000 for each fis-
5 cal year to carry out this section.”.

6 **TITLE II—SEPTEMBER 11 VICTIM**
7 **COMPENSATION FUND OF 2001**

8 **SEC. 201. DEADLINE EXTENSION FOR CERTAIN CLAIMS**
9 **UNDER SEPTEMBER 11 VICTIM COMPENSA-**
10 **TION FUND OF 2001.**

11 Section 405(a)(3) of the Air Transportation Safety
12 and System Stabilization Act (49 U.S.C. 40101 note) is
13 amended to read as follows:

14 “(3) LIMITATION.—

15 “(A) IN GENERAL.—Except as provided by
16 subparagraph (B), no claim may be filed under
17 paragraph (1) after December 22, 2003.

18 “(B) EXCEPTIONS.—

19 “(i) IN GENERAL.—A claim may be
20 filed under paragraph (1) by an individual
21 (or by a personal representative on behalf
22 of a deceased individual) during the period
23 described in clause (ii), if the Special Mas-
24 ter determines that—

1 “(I) the individual first knew
2 that the individual had suffered a
3 physical harm as a result of the ter-
4 rorist-related aircraft crashes of Sep-
5 tember 11, 2001, or the aftermath of
6 such attacks, after December 22,
7 2003, and before the date that is 5
8 years after the date of the enactment
9 of the James Zadroga 9/11 Health
10 and Compensation Act of 2008;

11 “(II) the individual did not for
12 any reason other than as described in
13 subclause (I) know that the individual
14 was eligible to file a claim under para-
15 graph (1) until after December 22,
16 2003;

17 “(III) the individual filed a claim
18 under this title before, on, or after
19 December 22, 2003, and suffered a
20 significantly greater physical harm as
21 a result of the terrorist-related air-
22 craft crashes of September 11, 2001,
23 or the aftermath of such attacks, than
24 was known to the individual as of the
25 date the most recent previous claim

1 was filed, and before the date that is
2 5 years after the date of the enact-
3 ment of the James Zadroga 9/11
4 Health and Compensation Act of
5 2008; or

6 “(IV) the individual was not eli-
7 gible to file a claim under this title be-
8 fore December 22, 2003, but who be-
9 comes so eligible because of the
10 amendments made by the James
11 Zadroga 9/11 Health and Compensa-
12 tion Act of 2008.

13 “(ii) PERIOD.—

14 “(I) IN GENERAL.—Except as
15 provided in subclause (II), the period
16 described in this clause is the two-
17 year period beginning on the date of
18 the enactment of the James Zadroga
19 9/11 Health and Compensation Act of
20 2008.

21 “(II) EXCEPTION.—In the case
22 of an individual who first knew on a
23 date after such date of enactment that
24 the individual had suffered physical
25 harm described in subclause (I) of

1 clause (i) or a significantly greater
2 harm, described in subclause (III) of
3 such clause, the period described in
4 this clause is the two-year period be-
5 ginning on the date the individual
6 first acquired such knowledge.”.

7 **SEC. 202. EXCEPTION TO SINGLE CLAIM REQUIREMENT IN**
8 **CERTAIN CIRCUMSTANCES.**

9 Section 405(c)(3)(A) of the Air Transportation Safe-
10 ty and System Stabilization Act (49 U.S.C. 40101 note)
11 is amended to read as follows:

12 “(A) SINGLE CLAIM.—

13 “(i) IN GENERAL.—Except as pro-
14 vided by clause (ii), not more than 1 claim
15 may be submitted under this title by an in-
16 dividual or on behalf of a deceased indi-
17 vidual.

18 “(ii) EXCEPTION.—A second claim
19 may be filed under subsection (a)(1) by an
20 individual (or by a personal representative
21 on behalf of a deceased individual) if the
22 individual is an individual described in
23 clause (i)(II), (i)(III), or (ii)(II) of sub-
24 section (a)(3)(B).”.

1 **SEC. 203. IMMEDIATE AFTERMATH DEFINED.**

2 Section 402 of the Air Transportation Safety and
3 System Stabilization Act (49 U.S.C. 40101 note) is
4 amended by adding at the end the following new para-
5 graph:

6 “(11) IMMEDIATE AFTERMATH.—In section
7 405(c)(2)(A)(i), the term ‘immediate aftermath’
8 means any period beginning with the terrorist-re-
9 lated aircraft crashes of September 11, 2001, and
10 ending on July 31, 2002.”.

11 **SEC. 204. ELIGIBLE INDIVIDUALS TO INCLUDE ELIGIBLE**
12 **WTC RESPONDERS AND ELIGIBLE WTC RESI-**
13 **DENTS AND OTHER NON-RESPONDERS.**

14 Section 405(c)(2) of the Air Transportation Safety
15 and System Stabilization Act (49 U.S.C. 40101 note) is
16 amended—

17 (1) in subparagraph (A)(i), by striking “at the
18 World Trade Center, (New York, New York), the
19 Pentagon (Arlington, Virginia), or”and inserting
20 “within the New York City disaster area (as defined
21 in section 3009 of the Public Health Service Act) or
22 any area (such as marine transport stations, barges,
23 trucks in transit, and Fresh Kills in Staten Island,
24 and including loading, unloading, sorting, and sifting
25 areas) at which debris from the former World Trade

1 Center was handled, at the Pentagon (Arlington,
2 Virginia), or at”;

3 (2) in subparagraph (A)(ii), by inserting “or
4 the handling of such debris” after “such an air
5 crash”;

6 (3) in subparagraph (B), at the end by striking
7 “or”;

8 (4) in subparagraph (C), by striking “subpara-
9 graph (A) or (B)” and inserting “subparagraph (A),
10 (B), or (C)”;

11 (5) by redesignating subparagraph (C) as sub-
12 paragraph (D); and

13 (6) by adding after subparagraph (B) the fol-
14 lowing new subparagraph:

15 “(C) an individual who is an eligible WTC
16 responder or an eligible WTC resident or other
17 non-responder, as defined in sections 3011(a)
18 and 3021(a), respectively, of the Public Health
19 Service Act; or”.

20 **SEC. 205. LIMITED COVERAGE FOR ADDITIONAL INDIVID-**
21 **UALS.**

22 (a) **ADDITIONAL INDIVIDUALS.**—Section 405(c) of
23 the Air Transportation Safety and System Stabilization
24 Act (49 U.S.C. 40101 note) is amended—

1 (1) in paragraph (2), by inserting “, or is de-
2 scribed in paragraph (4)” before the semicolon at
3 the end; and

4 (2) by adding at the end the following new
5 paragraph:

6 “(4) ADDITIONAL INDIVIDUALS.—An individual
7 described in this paragraph is an individual who—

8 “(A) is diagnosed at a Clinical Center of
9 Excellence (with respect to an eligible WTC
10 resident or other non-responder) under title
11 XXX of the Public Health Service Act with an
12 identified WTC-related health condition for
13 residents and or other non-responders; and

14 “(B) but for this paragraph would not be
15 a claimant described in paragraph (2).”.

16 (b) LIMITATION.—Section 406 of the Air Transpor-
17 tation and Safety Stabilization Act (49 U.S.C. 40101
18 note) is amended by adding at the end the following new
19 subsection:

20 “(d) LIMITATION ON FUNDING FOR CERTAIN CLAIM-
21 ANTS.—

22 “(1) IN GENERAL.—Notwithstanding any other
23 provision of this title, in the case of claimants de-
24 scribed in section 405(c)(4)—

1 “(A) the total payments that may be made
2 under this title for such claimants shall not ex-
3 ceed \$50,000,000; and

4 “(B) no such payment shall be made to
5 compensate for items and services for which
6 payment is made under title XXX of the Public
7 Health Service Act.

8 “(2) CRITERIA FOR DISTRIBUTION.—If the Spe-
9 cial Master determines that the amount provided
10 under paragraph (1)(A) is not adequate to pay
11 claims under this title for all such claimants, the
12 Special Master shall establish criteria for the dis-
13 tribution of such amount among such claimants.”.

14 **SEC. 206. WORLD TRADE CENTER COLLAPSE AND DIS-**
15 **ASTER RESCUE, RECOVERY, DEBRIS RE-**
16 **MOVAL, CLEANUP, REMEDIATION, AND RE-**
17 **SPONSE INDEMNIFICATION.**

18 Section 408 of the Air Transportation and Safety
19 Stabilization Act (49 U.S.C. 40101 note) is amended by
20 adding at the end the following new subsection:

21 “(d) INDEMNIFICATION.—

22 “(1) IN GENERAL.—Notwithstanding any other
23 provision of Federal, State, local, or other law, the
24 United States hereby indemnifies and shall defend
25 and hold harmless all contractors and subcontractors

1 (at any tier), including any general contractor, con-
2 struction manager, prime contractor, or any parent,
3 subsidiary, affiliated company, or joint venture
4 thereof, and the City of New York, for any and all
5 pending or future claims and actions and for any
6 and all liability arising from or related to the rescue
7 and recovery efforts and the debris removal, cleanup,
8 remediation, and response to the World Trade Cen-
9 ter collapse and disaster subsequent to the terrorist-
10 related aircraft crashes of September 11, 2001,
11 whether such claims and actions and liability are for
12 compensatory or punitive damages, for contribution
13 or indemnity, or for any other form or type of relief.
14 The indemnification provided herein shall apply to
15 any and all liability, damages, or other obligation to
16 pay any sums (including attorneys fees, other litiga-
17 tion costs, fines, penalties, or other assessments) of
18 the aforementioned parties, except conduct held to
19 be intentionally tortious in nature, regardless of
20 whether such liability, damages, or obligation to pay
21 arises from a finding of liability by a court of com-
22 petent jurisdiction, through arbitration or another
23 method of dispute resolution, through settlement of
24 claims, or any other method of resolution. No such
25 indemnification payment shall be made to the extent

1 such payment would duplicate payments made under
2 title XXX of the Public Health Service Act.

3 “(2) RECOVERY OF PAYMENTS.—To the extent
4 that insurance coverage exists that is applicable and
5 available to cover a claim, action, or liability for
6 which the indemnification provided under paragraph
7 (1) applies, the United States shall have the right to
8 seek recovery for any payments made under this
9 subsection from any insurer that provided such in-
10 surance coverage.

11 “(3) CONTINGENCY.—Paragraph (1) shall not
12 apply with respect to the City of New York unless,
13 within 30 days after the date of the enactment of
14 this subsection, the City provides for the dissolution
15 of the WTC Captive Insurance Company and the
16 payment to the Treasury of the United States of all
17 remaining funds of such company. Payment of such
18 funds shall be credited against expenditures made
19 under this title as a result of amendments made by
20 title II of the James Zadroga 9/11 Health and Com-
21 pensation Act of 2008. The previous sentence shall
22 not be construed to limit the funds available to carry
23 out such amendments.”.

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